

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155712		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/15/2011	
NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN47274			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/15/11</p> <p>Facility Number: 003342 Provider Number: 155712 AIM Number: 200403740</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Covered Bridge Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original building consisting of everything but the four resident rooms 300 Hall addition was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility is a fully sprinklered building of Type V (111) construction. The facility has a fire alarm system with smoke detection in the</p>			K0000	<p>The submission of this Plan of Correction does not indicate an admission by Covered Bridge Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Covered Bridge Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this Plan of Correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0038 SS=F	<p>corridors, spaces open to the corridors, and all resident sleeping rooms. The healthcare portion of the facility has a capacity of 68 and had a census of 51 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/20/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 exit accesses in the original building supplied with delayed egress locks unlocked upon activation of the fire alarm system.</p> <p>7.2.1.6.1, requires approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in</p>			K0038	<p>The Director of Plant Operations conacted the vendor to make repairs to the system. These repairs were completed on all hallway exit doors. All residents had the potential to be affected. All egress doors were inspected when the fire alarms were activated to ensure the locks properly released. The Director of Plant Operations or his designee will complete a monthly audit to ensure all egress doors continue to release upon fire alarm activation. The results of these audits will be reviewed at the monthly QA/ Safety meeting.</p>		07/18/2011

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	<p>accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay no exceeding 30 seconds shall be permitted. (d) On the door adjacent to the releasing device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice affects all residents in the 100 Hall, 200 Hall, and 400 Hall.</p>						

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K0000	<p>Findings include:</p> <p>Based on observations on 07/15/11 during a tour of the facility with the plant operation director from 10:25 a.m. to 1:45 p.m., all three exits in the 100 Hall, 200 Hall, and 400 Hall healthcare portion of the facility were each equipped with delayed egress locks. Furthermore, the three exit doors failed to unlock during two separate tests of the fire alarm system on 07/15/11 at 1:10 p.m. and 1:25 p.m. Based on an interview with the plant operation director on 07/15/11 at 1:30 p.m., the magnetic exit doors are electrically wired to the fire alarm system main panel on a relay switch. The facility experienced a possible lightning strike a month ago and had several problems with the fire alarm system. The three exit doors in the original building failing to unlock upon activation of the fire alarm system was acknowledged by the administrator at the 1:45 p.m. exit conference on 07/15/11.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in</p>			K0000	The submission of this Plan of Correction does not indicate an admission by Covered Bridge Health Campus that the findings		

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	<p>accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/15/11</p> <p>Facility Number: 003342 Provider Number: 155712 AIM Number: 200403740</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Covered Bridge Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The 300 Hall four resident room addition built in 2005 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility is a fully sprinklered building of Type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 100 and had a census of 95 at the time of this survey.</p> <p>The facility was found not in compliance with the</p>				<p>and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Covered Bridge Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this Plan of Correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</p>		

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K0038 SS=F	<p>aforementioned regulatory requirements as evidenced by the following:</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 exit accesses supplied with a delayed egress lock on 300 Hall unlocked upon activation of the fire alarm system. 7.2.1.6.1, requires approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds</p>			K0038	<p>The Director of Plant Operations contacted the vendor to make repairs to the system. These repairs were completed on all hallway exit doors. All residents had the potential to be affected. All egress doors were inspected when the fire alarms were activated to ensure the locks properly released. The Director of Plant Operations or his designee will complete a monthly audit to ensure all egress doors continue to release upon fire alarm activation. The results of these audits will be reviewed at the monthly QA/ Safety meeting.</p>		07/18/2011

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	<p>upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay no exceeding 30 seconds shall be permitted. (d) On the door adjacent to the releasing device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice affects all residents in the 300 Hall.</p> <p>Findings include:</p> <p>Based on observations on 07/15/11 during a tour of the facility with the plant operation director from 10:25 a.m. to 1:45 p.m., the 300 Hall exit was equipped with a delayed egress lock. Furthermore, the 300 Hall exit door failed to unlock during two separate tests of the fire alarm system on 07/15/11 at 1:10 p.m. and 1:25 p.m.</p>						

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	Based on an interview with the plant operation director on 07/15/11 at 1:30 p.m., the magnetic exit door is electrically wired to the fire alarm system main panel on a relay switch. The facility experienced a possible lightning strike a month ago and had several problems with the fire alarm system. The 300 Hall exit door failing to unlock upon activation of the fire alarm system was acknowledged by the administrator at the 1:45 p.m. exit conference on 07/15/11. 3.1-19(b)						